CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 406 **Date: DECEMBER 17, 2004**

CHANGE REQUEST 3566

SUBJECT: Update to Health Care Claims Status Category Codes and Health Care Claim Status Codes for Use with the Health Care Claim Status Request and Response ASC X12N 276/277

I. SUMMARY OF CHANGES: This transmittal updates the Health Care Claims Status Codes and Health Care Claims Status Category Codes for use by Medicare contractors with the Health Care Claim Status Request and Response ASC X12N 276/277. Contractors are to use codes with the "new as of 6/04" designation and prior dates and to inform affected providers of the new codes.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: April 1, 2005
IMPLEMENTATION DATE: April 4, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (*N/A if manual not updated.*)
(R = REVISED, N = NEW, D = DELETED) – (*Only One Per Row.*)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	31/20/20.7/Health Care Claims Status Category Codes and Health Care Claims Status Codes for Use with Health Care Claims Status Request and Response ASC X12N 276/277

III. FUNDING: This instruction shall be implemented within each contractor's current operating budget.

IV. ATTACHMENTS:

	Business Requirements
X	**Manual Instruction**
	Confidential Requirements
	One-Time Notification
X	**Recurring Update Notification**

***Unless otherwise specified, the effective date is the date of service.**

Attachment – Recurring Update Notification

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SUBJECT: Update to Health Care Claims Status Category Codes and Health Care Claim Status Codes for Use with the Health Care Claim Status Request and Response ASC X12N 276/277

I. GENERAL INFORMATION

A. Background: Per the Health Insurance Portability and Accountability Act (HIPAA) of 1996, health plans must be able to conduct the standard electronic transactions mentioned in the regulation. The named HIPAA transaction for claims status is the ASC X12N 276/277 4010A1 Health Care Claims Status Request and Response. The code sets for use with the 276/277 are the Health Care Claims Status Category Codes and Health Care Claim Status Codes. These codes can be found at: http://www.wpc-edi.com/codes/Codes.asp. Medicare contractors are already using this transaction and these code sets due to prior instructions. However, recently several new codes were added with the designation "new as of 6/04."

B. Policy: CMS' Medicare contractors must comply with the requirements contained in the version 4010A1 ASC X12 276/277 IG and must use valid Health Care Claim Status Category Codes and Health Care Claim Status Codes when sending 277 responses.

C. Provider Education: A Medlearn Matters provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after this CR is released. Medicare contractors will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3566 Ch. 31, Sec 20.7	By April 4, 2005, contractors shall have all applicable code changes and new codes, that are posted to the Web site with the "new as of 6/04" designation and prior dates for use in production. Contractors are not to update their systems to include codes that are dated post-June 2004 until instructed. These codes are issued to respond to the needs of many payers. Not all of the codes apply to Medicare. If a code does not apply to Medicare, a contractor need not accommodate it in their adjudication system or in their 277 response and if the level of detail in any code is not currently supported by their adjudication system, they need not accommodate the code.	X	X	X	X	x				
3566 Ch. 31, Sec 20.7	As mentioned previously, a provider education article related to this instruction will be available at http://www.cms.hhs.gov/medlearn/matters shortly after the CR is released	X	X	X	X					

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements
3566 Ch. 31, Sec 20.7	Contractors need only to have all applicable code changes. If the level of detail in any code is not currently supported by their adjudication system, or is not applicable to Medicare, they need not accommodate the code.

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: April 1, 2005 **Implementation Date:** April 4, 2005 **Pre-Implementation Contact(s): James Krall, jkrall@cms.hhs.gov 410-786-6999** **Post-Implementation Contact(s): James Krall, jkrall@cms.hhs.gov 410-786-6999**	**Medicare contractors shall implement these instructions within their current operating budget.**

***Unless otherwise specified, the effective date is the date of service.**

20.7 – Health Care Claim Status Category Codes and Health Care Claim Status Codes for Use with the Health Care Claim Status Request and Response ASC X12N 276/277

(Rev. 406, Issued: 12-17-04, Effective: 04-01-05, Implementation: 04-04-05)

Under the Health Insurance Portability and Accountability Act (HIPAA), all payers must use health care claim status category codes and health care claim status codes approved by the Health Care Code Maintenance Committee as applicable. At each X12 trimester meeting (generally held the months of February, June and October), the Committee may update the claim status category codes and the claim status codes. When instructed, Medicare *contractors* must update their claims systems to assure that the current version of these codes is used in their claim status responses. The codes sets are available at http://www.wpc-edi.com/codes/Codes.asp. Included in the code lists are specific details, including the date when a code was added, changed or deleted.

By *April 4, 2005*, Medicare *contractors* are to have applicable code changes, including new codes, that are posted to *that* Web site with the *"new as of 6/04" or a prior date designation in production*. Medicare *contractors* are not to update their systems to include codes dated post-June 2004 until instructed. *Medicare contractors are not required to accommodate codes that do not apply to Medicare adjudication in their 277 responses.*

CMS will issue Recurring Update Notifications (RUNs) regarding the need for future updates to these codes. Contractor and shared system changes will be made as necessary as part of a routine release to reflect applicable changes such as retirement of previously used codes or newly created codes that may impact Medicare. Shortly after the release of each code update RUN, a provider education article will be available at http://www.cms.hhs.gov/medlearn/matters for contractors to use to conduct provider outreach.